

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343137

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by William J. Robb, III, MD

Date

10

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		932940.54
(b) Cash on Hand at Beginning of Reporting Period	1080389.88	
(c) Total Receipts (from Line 19)	68396.34	1022913.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1148786.22	1955854.52
7. Total Disbursements (from Line 31)	47639.22	854707.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1101147.00	1101147.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	62058.34	913188.38
(i) Itemized (use Schedule A)	6338.00	67704.68
(ii) Unitemized	68396.34	980893.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	68396.34	980893.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	13957.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	23063.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68396.34	1022913.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68396.34	1022913.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2639.22	27207.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2639.22	27207.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	827500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47639.22	854707.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47639.22	854707.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68396.34	980893.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68396.34	980893.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2639.22	27207.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	13957.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2639.22	13249.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathon Henry, MD

Mailing Address 3104 Woodland Dr

City

Manitowoc

State

WI

Zip Code

54220-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737475

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott R Grewe, MD

Mailing Address Orthopedics Northwest
15755 SW Sequoia Pkwy Ste 200

City

Tigard

State

OR

Zip Code

97224-7166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737476

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Shovers, MD

Mailing Address Lincoln Orthopedic Group
9400 W Lincoln Ave

City

West Allis

State

WI

Zip Code

53227-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737477

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 64

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Gordon Veith, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City

Renton

State

WA

Zip Code

98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Orthopaedic Associ-
ates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737482

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B Burnette, , MD

Mailing Address 116 N Haven Dr

City

Macon

State

GA

Zip Code

31210-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Ortho & Sports
Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737485

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James H Van Olst, , MD

Mailing Address 136 SW Washington Ave #605

City

Corvallis

State

OR

Zip Code

97333-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737486

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Marc J Michaud, MD

Mailing Address 11 Cherry Ln

City

Bedford

State

NH

Zip Code

03110-4339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NH Orthopaedic Surgery,
PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737487

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick M Sullivan, MD

Mailing Address 6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737488

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. S Dale Yakish, MD

Mailing Address Beaver Medical Commons
1030 Beaver Hollow Rd

City

Beaver

State

PA

Zip Code

15009-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Association of Specialty
Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737490

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 64

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. William L Hennrikus, Jr, MD

Mailing Address 75 Laurel Ridge Rd

City

Hershey

State

PA

Zip Code

17033-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sequoia Pediatric Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737491

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. John N Callander, , MD

Mailing Address 2540 Filbert St

City

San Francisco

State

CA

Zip Code

94123-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Pacific Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737492

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard P Lewallen, , MD

Mailing Address 2900 12th Ave N Ste 100E

City

Billings

State

MT

Zip Code

59101-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montana Ortho & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737493

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 64

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey C Davis, MD

Mailing Address 1208 Perthshire Ct

City

Vestavia Hls

State

AL

Zip Code

35242-6076

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737494

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edwin M Roeder, MD

Mailing Address 5686 N Wild Wind Ln

City

Strafford

State

MO

Zip Code

65757-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737496

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William G Hamilton, MD

Mailing Address 8299 Glen Cove Ct

City

Alexandria

State

VA

Zip Code

22308-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Orthopaedic Clin-
ic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 64

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas G Padanilam, MD

Mailing Address 528 Forest Lake Dr

City

Holland

State

OH

Zip Code

43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737499

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas J Strahley, MD

Mailing Address Panorama Orthopaedics

660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737500

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Vincent Bruno, MD

Mailing Address 37832 Atkins Knoll

City

Oconomowoc

State

WI

Zip Code

53066-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737501

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Emile C Li, MD

Mailing Address 1988 Luke Ln

City

Fort Dodge

State

IA

Zip Code

50501-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics and Sports
Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737502

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alan H Wilde, MD

Mailing Address 8542 Windsor Way

City

Broadview Heights

State

OH

Zip Code

44147-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737503

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. David D Gallagher, MD

Mailing Address 940 N Marr Rd

City

Columbus

State

IN

Zip Code

47201-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Indiana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737504

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Gerald F Dreher, MD

Mailing Address VAMC Temple
Warehouse Bldg 44

City State Zip Code
Temple TX 76504-7493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Veterans Affairs

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737506

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary M Schniegenberg, MD

Mailing Address 801 Medical Dr Ste A

City State Zip Code
Lima OH 45804-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Institute of
Ohio

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737507

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. David M Witham, MD

Mailing Address PO Box 73558

City State Zip Code
Fairbanks AK 99707-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew C Reckmeyer, , MD

Mailing Address Lincoln Ortho Ctr
PO Box 6939

City State Zip Code
Lincoln NE 68506-0939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737511

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles H Alexander, , MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737512

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Kirk Drake, , MD

Mailing Address 3635 Bienville Blvd

City State Zip Code
Ocean Springs MS 39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bienville Orthopaedic Spe-
cialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737513

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Sameh A Labib, MD

Mailing Address Emory Sports Medicine Center
59 Executive Park South Ste 2000

City Atlanta State GA Zip Code 30329-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737514

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steve G Salyers, MD

Mailing Address 1060 Rossview Rd

City Clarksville State TN Zip Code 37043-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737515

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Bernard Ryan, MD

Mailing Address 11012 E 13 Mile Rd Ste 201

City Warren State MI Zip Code 48093-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer
St John Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737516

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Craig T Hatton, , MD

Mailing Address 2075 North 1200 West

City

Layton

State

UT

Zip Code

84041-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
InterMountain Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737517

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. J Criss Yelton, , MD

Mailing Address 471 Klutey Park Plaza Dr

City

Henderson

State

KY

Zip Code

42420-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737519

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roland Y Nakata, , MD

Mailing Address 815 S Fairmont Ave

City

Lodi

State

CA

Zip Code

95240-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 28737520

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Robert A Stanton, , MD

Mailing Address 75 Kings Hwy Cutoff

City

Fairfield

State

CT

Zip Code

06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialty Gro-
up PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753109

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harpal Singh Khanuja, , MD

Mailing Address 5601 Loch Raven Blvd
POB G-1

City

Baltimore

State

MD

Zip Code

21239-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753110

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank P Giammattei, , MD

Mailing Address Crozer-Chester Med Ctr Ste 324
Professional Office Bldg 2

City

Upland

State

PA

Zip Code

19013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753112

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City

Chevy Chase

State

MD

Zip Code

20815-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753113

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gordon I Groh, MD

Mailing Address 129 McDowell

City

Asheville

State

NC

Zip Code

28801-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Bone & Joint
Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753114

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Warren Jay Krompinger, MD

Mailing Address 85 Seymour St

City

Hartford

State

CT

Zip Code

06106-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753115

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. A Bruce Reid, MD

Mailing Address 806 Maple Dr

City

Griffin

State

GA

Zip Code

30224-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho & Sport Injury Cent-
er

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753116

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John G Birch, MD

Mailing Address Texas Scottish Rite Hosp
2222 Welborn St

City

Dallas

State

TX

Zip Code

75219-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Scottish Rite Hospi-
tal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753117

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jerome Kolavo, MD

Mailing Address 27650 Ferry Rd Ste 100

City

Warrenville

State

IL

Zip Code

60555-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAD Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753118

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Wilford K Gibson, MD

Mailing Address 4003 Arrowhead Point Ct

City

Virginia Beach

State

VA

Zip Code

23455-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Ortho Spec

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753119

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert E Van Demark, Jr, MD

Mailing Address Van Demark Orthopaedic Specialists
1210 W 18th Ste G01

City

Sioux Falls

State

SD

Zip Code

57104-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753120

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mohammad Sirajullah, MD

Mailing Address 5558 Bienveneda Ter

City

Palmdale

State

CA

Zip Code

93551-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
AV Institute of Ortho Sur-
gery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753122

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. John T Livermore, , MD

Mailing Address 2414 Kohler Memorial Dr

City

Sheboygan

State

WI

Zip Code

53081-3129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Health Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753123

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel M Ward, , MD

Mailing Address 830 Boylston St Ste 106

City

Chestnut Hill

State

MA

Zip Code

02467-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753135

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Keith D Starkweather, , MD

Mailing Address 331 Landrum Pl

City

Clarksville

State

TN

Zip Code

37043-6329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory G West, , MD

Mailing Address 2321 Coronado St

City

Idaho Falls

State

ID

Zip Code

83404-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753138

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Fredric M Gerard, , MD

Mailing Address 7225 N University Dr Ste 202

City

Tamarac

State

FL

Zip Code

33321-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753139

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marshall Paul Allegra, , MD

Mailing Address 879 Poole Ave

City

Hazlet

State

NJ

Zip Code

07730-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753140

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Sanford A Ratzan, MD

Mailing Address 786 Montauk Hwy

City

West Islip

State

NY

Zip Code

11795-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753141

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark W Brown, MD

Mailing Address 18102 Irvine Blvd Ste 107

City

Tustin

State

CA

Zip Code

92780-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Medical Group
of Santa Ana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753142

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nolan Mark Segal, MD

Mailing Address Western Orthopaedic Surgery Ltd
5100 Gamble Dr Ste 540

City

Saint Louis Park

State

MN

Zip Code

55416-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Orthopaedic Surge-
ry Ltd

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753143

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Shekhar S Desai, MD

Mailing Address 5200 Babcock St NE Ste 111

City

Palm Bay

State

FL

Zip Code

32905-4639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward J Hellman, MD

Mailing Address Orthopaedics Indianapolis
8450 Northwest Blvd

City

Indianapolis

State

IN

Zip Code

46278-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753168

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gayle V Voth, MD

Mailing Address 399 W Campbell Rd Ste 402

City

Richardson

State

TX

Zip Code

75080-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Darr W Leutz, MD

Mailing Address 1600 W Walnut

City

Jacksonville

State

IL

Zip Code

62650-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Orthopaedics &
Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753170

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Adam D Soyer, DO

Mailing Address PO Box 1967

City

Kingston

State

NY

Zip Code

12402-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Surgical Speci-
alists & Reha

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753171

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward G Alexander, Jr, MD

Mailing Address 4801 Kenmore Ave Ste 101

City

Alexandria

State

VA

Zip Code

22304-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Virginia Orthopa-
edic Group Lt

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753172

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Hyun W Bae, MD

Mailing Address 1301 20th St Ste 400

City

Santa Monica

State

CA

Zip Code

90404-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Michael Rubens, MD

Mailing Address Faith Regional Health Services
301 N 27th St

City

Norfolk

State

NE

Zip Code

68701-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faith Regional Orthopaedic
Services

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753174

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark S Leslie, MD

Mailing Address 701 Third St

City

Traverse City

State

MI

Zip Code

49684-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753176

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Brian E Koch, MD

Mailing Address 236 Cherokee Rd

City

Hendersonville

State

TN

Zip Code

37075-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Orthopaedic All-
iance

Occupation

Orthopaedic Surgeons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753177

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. James M Worthington, MD

Mailing Address 235 Hanover St M2

City

Fall River

State

MA

Zip Code

02720-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven M Mulawka, MD

Mailing Address St Cloud Ortho Assoc
1555 Northway Dr

City

Saint Cloud

State

MN

Zip Code

56303-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Paul A Dale, , MD

Mailing Address 1500 Irving St

City

Alexandria

State

MN

Zip Code

56308-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexandria Orthopaedic As-
soc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753183

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jose Antonio Ortiz, Jr, MD

Mailing Address 1400 Bellinger St

City

Eau Claire

State

WI

Zip Code

54703-5222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luther Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753696

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter J Mandell, , MD

Mailing Address 1663 Rollins Rd

City

Burlingame

State

CA

Zip Code

94010-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753698

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. S Gopal Krishnan, MD

Mailing Address 1331 E 6th St

City

Weslaco

State

TX

Zip Code

78596-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krishnan and Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753699

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas John Noonan, MD

Mailing Address Steadman Hawkins Clinic
8200 Belleview Ave Ste 615

City

Greenwood Village

State

CO

Zip Code

80111-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steadman Hawkins Clinic
Denver

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753700

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles D Cardenas, MD

Mailing Address Calallen Orthopaedics LLP
14317 Northwest Blvd

City

Corpus Christi

State

TX

Zip Code

78410-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753701

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Peter C Rink, , DO

Mailing Address 1414 W Lombard

Orthopaedic and Rheumatology Assoc

City

State

Zip Code

Davenport

IA

52804-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho & Rheumatology Asso-
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory William Stocks, , MD

Mailing Address Fondren Orthopaedic Group

7401 S Main St

City

State

Zip Code

Houston

TX

77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fondren Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753703

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter D Vizzi, , MD

Mailing Address 449 Heymann Blvd

City

State

Zip Code

Lafayette

LA

70503-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753704

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Gerald J Ortiz, , MD

Mailing Address 5010 St Hwy 30 Ste 205

City

Amsterdam

State

NY

Zip Code

12010-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mohawk Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753705

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael J Archibeck, , MD

Mailing Address 4409 Chinlee Ave

City

Albuquerque

State

NM

Zip Code

87110-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753706

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel J Nagle, , MD

Mailing Address 737 N Michigan Ave Ste 700

City

Chicago

State

IL

Zip Code

60611-6662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753707

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Thompson McGuire, , MD

Mailing Address Down East Orthopedics
404 State St Ste 610

City State Zip Code
Bangor ME 04401-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Down East Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753708

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. J Wesley Mesko, , MD

Mailing Address 2815 S Pennsylvania Ave Ste 204

City State Zip Code
Lansing MI 48910-3496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Orthopaedic Cent-
er

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753709

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis Martin Walker, , MD

Mailing Address 1717 Oak Park Blvd 3rd Fl

City State Zip Code
Lake Charles LA 70601-8990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Charles Memorial Hos-
pital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753710

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Keith M Michael Baumgarten, MD

Mailing Address Orthopedic Institute
810 E 23rd StCity State Zip Code
Sioux Falls SD 57105-2135FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic InstituteOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753711

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William B Stetson, MD

Mailing Address Stetson Powell Ortho & Sports Med
201 S Buena Vista St Ste 240City State Zip Code
Burbank CA 91505-4576FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753712

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank A B Gottschalk, MD

Mailing Address U of TX Southwestern Med School
Dept of Ortho SurgeryCity State Zip Code
Dallas TX 75390-0001FEC ID number of contributing
federal political committee.**C**Name of Employer
UT Southwestern Medical
CtrOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753713

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Bentley Freedberg, MD

Mailing Address 6818 E Valley Vista Ln

City

Paradise Valley

State

AZ

Zip Code

85253-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753714

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Devon D Goetz, MD

Mailing Address 6001 Westown Pky

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Orthopaedic Sur-
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753716

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Blum, MD

Mailing Address 301 NW 84th Ave Ste 303

City

Plantation

State

FL

Zip Code

33324-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753717

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph I Bernstein, MD

Mailing Address 17 San Andreas Way

City

San Francisco

State

CA

Zip Code

94127-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753718

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brett L Wasserlauf, MD

Mailing Address 673 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Collins Medical Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753719

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Edward Carothers, MD

Mailing Address 1830 Mayfair Dr

City

Owensboro

State

KY

Zip Code

42301-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedics & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753721

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Howard L Schuele, , MD

Mailing Address 32 Winston Dr

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearwater Orthopaedics,
PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753725

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leland R Mayer, , MD

Mailing Address S 5841 County Rd B

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luther-Midelfort

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753727

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Andres Sanchez, , MD

Mailing Address 869 Inverness Circle

City

Spartanburg

State

SC

Zip Code

29306-6680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Specialties

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753728

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. David B Robie, , MD

Mailing Address 6585 Plesenton Dr S

City

Worthington

State

OH

Zip Code

43085-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753729

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joffrey G Thompson, , MD

Mailing Address 702 Reeves Dr

City

Grand Forks

State

ND

Zip Code

58201-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753730

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony F Pachelli, , MD

Mailing Address 201 Cedar SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedic As-
sociates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753733

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Todd J Albert, MD

Mailing Address Rothman Institute
925 Chestnut St 5th Fl

City State Zip Code
Philadelphia PA 19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rothman Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753734

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Norman P Zemel, MD

Mailing Address 6801 Park Terrace Dr

City State Zip Code
Los Angeles CA 90045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerlan Jobe Orthopaedic
Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753735

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Abdul Foad, MD

Mailing Address 2745 Lincolnway

City State Zip Code
Clinton IA 52732-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753742

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Dan M Spengler, , MD

Mailing Address Vanderbilt Orthopaedic Institute
Vanderbilt Univ Med Ctr

City State Zip Code
Nashville TN 37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753743

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur L Valadie, III, MD

Mailing Address 526 56th St

City State Zip Code
Holmes Beach FL 34217-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753744

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John W Acampa, , MD

Mailing Address 180 E Main St

City State Zip Code
Bay Shore NY 11706-8427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Jay D Keener, , MD

Mailing Address Washington University

660 S Euclid Ave Campus Box 8233

City

State

Zip Code

Saint Louis

MO

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753746

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark David Earll, , MD

Mailing Address Marshfield Clinic

3501 Cranberry Blvd

City

State

Zip Code

Weston

WI

54476-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753747

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Guy Leslie Rutledge, III, MD

Mailing Address PO Box 86144

City

State

Zip Code

Mobile

AL

36689-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753756

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Carlos Guanche, MD

Mailing Address 24948 Lorenzo Ct

City

Calabasas

State

CA

Zip Code

91302-3088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Justis Haynes, MD

Mailing Address 511 W Ocotillo Rd

City

Phoenix

State

AZ

Zip Code

85013-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACGME

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753763

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank R Joseph, MD

Mailing Address 1285 Hembree Rd Ste 200A

City

Roswell

State

GA

Zip Code

30076-4995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753765

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Michael R Sheen, MD

Mailing Address 2200 Kellwest Blvd

City

Wichita Falls

State

TX

Zip Code

76309

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Regional Health Ca-
re Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753766

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A Bogosian, MD

Mailing Address 5230 Pacific Concourse Dr Ste 110

City

Los Angeles

State

CA

Zip Code

90045-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753767

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marc J Rosen, MD

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenix Orthopaedic Consu-
ltants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753768

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. William Bugbee, MD

Mailing Address Scripps Clinic Torrey Pines

10666 N Torrey Pines Rd MS116

City

La Jolla

State

CA

Zip Code

92037-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scripps Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753776

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Laurence Slutzker, MD

Mailing Address 4201 Torrance Blvd Ste 470

City

Torrance

State

CA

Zip Code

90503-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753777

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sharon L Hame, MD

Mailing Address UCLA Med Ctr

10833 LeConte Ave CHS76-126

City

Los Angeles

State

CA

Zip Code

90095-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753778

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Robinson, , MD

Mailing Address 1268 E 32nd St

City

Silver City

State

NM

Zip Code

88061-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753779

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alfred L Rhyne, , MD

Mailing Address 4601 Park Rd Ste 250

City

Charlotte

State

NC

Zip Code

28209-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753780

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Edward Ritchie, , MD

Mailing Address 170 Kimel Park Dr

City

Winston Salem

State

NC

Zip Code

27103-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialists
of the Carolin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753784

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Robert S Supinski, , MD

Mailing Address Nicholas Noyes Memorial Hosp
111 Clara Barton St

City State Zip Code
Dansville NY 14437-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753785

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Thomas G Harbert, , MD

Mailing Address 201 S Lloyd St Ste 110

City State Zip Code
Aberdeen SD 57401-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753787

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Brian E McCarthy, , MD

Mailing Address 245 Alvord Pk Bldg A

City State Zip Code
Torrington CT 06790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Litchfield Hills Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753788

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Hal J McCutchan, MD

Mailing Address 14221 92nd St SE

City

Snohomish

State

WA

Zip Code

98290-9029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Wa Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753792

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian D Mulliken, MD

Mailing Address 8322 Bellona Ave Ste 100

City

Towson

State

MD

Zip Code

21204-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter B Salamon, MD

Mailing Address 2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpine Orthopaedic Medical
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753797

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. James John Verner, , MD

Mailing Address 23075 Nottingham

City

Beverly Hills

State

MI

Zip Code

48025-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753799

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan P Garino, , MD

Mailing Address 835 Stoke Rd

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753800

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark R Colville, , MD

Mailing Address 200 NE Mother Joseph Pl Ste 210

City

Vancouver

State

WA

Zip Code

98664-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Surgical Specialties

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753802

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. William L Green, , MD

Mailing Address 3838 California St

City

San Francisco

State

CA

Zip Code

94118-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753803

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey L Lovallo, , MD

Mailing Address 7025 Benjamin St

City

Mc Lean

State

VA

Zip Code

22101-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753805

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul D Burton, , DO

Mailing Address 250 Campbell Ave

City

Redlands

State

CA

Zip Code

92373-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753806

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph M Verska, MD

Mailing Address 360 E Montvue Rd Ste 100

City

Meridian

State

ID

Zip Code

83642-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spine Institute of Idaho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753809

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul D Shirley, MD

Mailing Address 3728 Phillips Hwy Ste 214A

City

Jacksonville

State

FL

Zip Code

32207-6869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753811

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dennis H Gordon, MD

Mailing Address PO Box 17290

City

Salt Lake City

State

UT

Zip Code

84117-0290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas H Flesher, III, MD

Mailing Address 3301 NW 50th St

City

Oklahoma City

State

OK

Zip Code

73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753814

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. James P Jamison, , MD

Mailing Address 6470 Tippecanoe Rd

City

Canfield

State

OH

Zip Code

44406-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Youngstown Orthopaedic As-
sociates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753815

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John W McClellan, III, MD

Mailing Address 11819 Miracle Hills Dr Ste 102

City

Omaha

State

NE

Zip Code

68154-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753816

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Eric M Kagel, , MD

Mailing Address 2505 Samaritan Dr Ste 208

City

San Jose

State

CA

Zip Code

95124-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753817

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark C Pinto, , MD

Mailing Address 775 S Main St

City

Chelsea

State

MI

Zip Code

48118-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753820

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald S Lederman, , MD

Mailing Address 3227 Woodview Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323-3572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 28753821

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Alan B Thomas, MD

Mailing Address Puget Sound Orthopaedics

7308 Bridgeport Way W Ste 201

City

Lakewood

State

WA

Zip Code

98499-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753823

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Tradonsky, MD

Mailing Address 6719 Alvarado Rd Ste 200

City

San Diego

State

CA

Zip Code

92120-5256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753825

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan J Myer, MD

Mailing Address 6719 Alvarado Rd Ste 200

City

San Diego

State

CA

Zip Code

92120-5256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 28753826

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Frederick F Fakhrazadeh, , MD

Mailing Address 22 Madison Ave

City

Paramus

State

NJ

Zip Code

07652-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761008

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michelle A James, , MD

Mailing Address Shriners Hosp for Children
2425 Stockton Blvd

City

Sacramento

State

CA

Zip Code

95817-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shriners Hospital for Chi-
ldren

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761009

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David L Waxman, , MD

Mailing Address 600 Davisson Run Rd Ste 102

City

Clarksburg

State

WV

Zip Code

26301-9307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761012

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Michael T Grant, MD

Mailing Address Bldg B Ste 105
550 Orchard Park Rd

City State Zip Code
West Seneca NY 14224-2646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761013

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hendrick Jackson Arnold, III, MD

Mailing Address 4175 Stepney Ct

City State Zip Code
Colorado Springs CO 80906-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761014

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard W Barth, MD

Mailing Address 2021 K St Ste 400

City State Zip Code
Washington DC 20006-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Orthopaedics
& Sports Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 28761015

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Jordan Guidi, , MD

Mailing Address 1715 N George Mason Dr Ste 504

City

Arlington

State

VA

Zip Code

22205-3670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nirschel Orthopaedic Cent-
er

Occupation

Orthopaedic Surgeon

Receipt For:

☐
☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Transaction ID: 28761016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

62058.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Ortiz For Congress Committee

Mailing Address P. O. Box 7806

City
Corpus Christi

State
TX

Zip Code
78467

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Solomon P. Ortiz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 27

2008 Congressional G

Transaction ID: 28705844

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Griffith For Congress

Mailing Address PO Box 2916

City
Huntsville

State
AL

Zip Code
35804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. R Parker Griffith

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District: 05

2008 Congressional G

Transaction ID: 28736920

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Jay Love For Congress

Mailing Address 1020 Monticello Court, Suite 205

City
Montgomery

State
AL

Zip Code
36117

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Jay Love

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District: 02

2008 Congressional G

Transaction ID: 28736927

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 64

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Coffman For Congress Inc.

Mailing Address 9249 South Broadway Blvd.
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Mike Coffman

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: CO District: 06

2008 Congressional G

Transaction ID: 28736929

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City Raleigh State NC Zip Code 27602

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Elizabeth Dole

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 28736933

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Boren For Congress

Mailing Address PO Box 149

City Okemah State OK Zip Code 74859

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Daniel Boren

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: OK District: 02

2008 Congressional G

Transaction ID: 28760959

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 64

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Congressional C	Transaction ID: 28760960 Date of Disbursement
Mailing Address PO Box 1242	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
City Tucson State AZ Zip Code 85702	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Raul M. Grijalva	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
B. Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress	Transaction ID: 28760961 Date of Disbursement
Mailing Address P O Box 52-2784	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
City Miami State FL Zip Code 33152	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Ileana Ros-Lehtinen	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
C. Full Name (Last, First, Middle Initial) Betty Sutton For Congress	Transaction ID: 28760962 Date of Disbursement
Mailing Address 1700 W. Market St. #155	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Betty Sutton	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 / 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Friends Of Zach Wamp		Transaction ID: 28760963 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200 City Chattanooga State TN Zip Code 37422		Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Candidate Name Rep. Zach Wamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G		<div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Boozman For Congress		Transaction ID: 28760969 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
Mailing Address PO Box 671 City Rogers State AR Zip Code 72757		Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Candidate Name Mr. John Boozman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G		<div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson		Transaction ID: 28760970 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
Mailing Address P.O. Box 61 City St. Clairsville State OH Zip Code 43950		Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Candidate Name Rep. Charles Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G		<div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 / 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Reyes Committee, Inc., The

Mailing Address 1011 Montana Ave.

City
El PasoState
TXZip Code
79901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Silvestre Reyes

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 16

2008 Congressional G

Transaction ID: 28760971

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Chet Edwards For Congress

Mailing Address PO Box 23273

City
WacoState
TXZip Code
76702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Chet Edwards

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 17

2008 Congressional G

Transaction ID: 28760985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Michaud For Congress

Mailing Address 213 Lisbon St

City
LewistonState
MEZip Code
04240

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael H. Michaud

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: ME District: 02

2008 Congressional G

Transaction ID: 28760994

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 64

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Gene Taylor For Congress Committee

Mailing Address P.O. Box 3838
Post Office Box 38

City Bay St. Louis State MS Zip Code 39520

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Gene Taylor

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: MS District: 04 2008 Congressional G

Transaction ID: 28760995

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Welch For Congress

Mailing Address PO Box 1086

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Peter Welch

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: VT District: 01 2008 Congressional G

Transaction ID: 28761001

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ike Skelton

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: MO District: 04 2008 Congressional G

Transaction ID: 28761002

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 / 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Committee To Elect McHugh

Mailing Address 228 S. Washington St. Ste. 115
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Rep. John M. McHughOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 23

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
2008 Congressional G

Transaction ID: 28761004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Todd Akin For Congress

Mailing Address PO Box 31222

City St Louis State MO Zip Code 63131

Purpose of Disbursement

Candidate Name
Rep. Todd AkinOffice Sought: ☒ House
☐ Senate
☐ President

State: MO District: 02

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
2008 Congressional G

Transaction ID: 28761005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Cooper For Congress Committee

Mailing Address C/O Davidson Golden & Lundy P.C.
P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

Candidate Name
Rep. Jim CooperOffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 05

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
2008 Congressional G

Transaction ID: 28761007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 64

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Michael F. Doyle

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: PA District: 14

2008 Congressional G

Transaction ID: 28761018

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Alan Mollohan For Congress Committee

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Alan B. Mollohan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: WV District: 01

2008 Congressional G

Transaction ID: 28761019

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Minnick For Congress

Mailing Address 8150 W Emerald Street Suite 170

City Boise State ID Zip Code 83704

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Walter Minnick

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: ID District: 01

2008 Congressional G

Transaction ID: 28761020

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

45000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 64

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 28737016

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

693.22

Bank fees deducted from
account

B.

Full Name (Last, First, Middle Initial)

United States Treasury

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Federal income tax on interest income

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 28737113

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

1946.00

Federal income tax on int-
erest income

SUBTOTAL of Disbursements This Page (optional)

2639.22

TOTAL This Period (last page this line number only)

2639.22